

**State of Idaho
Division of Building Safety
Heating, Ventilation, and Air Conditioning Bureau**

RESIDENTIAL PROPERTY OWNER MECHANICAL PERMIT APPLICATION

OWNER INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____ Work # _____

Job Site Address: _____

Lot: _____ /Block: _____ /Subdivision: _____

City: _____ /County: _____ Zip: _____

Directions (attach map if difficult to locate) _____

☐ New Construction ☐ Remodel ☐ Fixture Replacement

DESCRIPTION	QTY	PRICE	TOTAL
-Fixtures and Appliances- Furnace, furnace-air conditioner combination, heat pump, air conditioner, evaporative cooler, unit heater, space heater, decorative gas fired appliance, incinerator, boiler, pool heater, and similar fixtures or appliances: \$35.00 for the first AND \$15.00 for each additional similar fixture or appliance. Fee includes ducts, vents, and flues attached thereto.	1st	\$35.00	
	x	\$15.00=	
-Exhaust and Ventilation Ducts- Exhaust or ventilation duct such as dryer vents, range hood vents, cook stove vents, bath fan vents, and similar exhaust and ventilation ducts: \$15.00 for the first AND \$5.00 for each additional exhaust or ventilation duct.	1st	\$15.00	
	x	\$ 5.00=	
-Fuel Gas Piping- Fixture or appliance outlets for the fuel gas piping system: \$15.00 for the first AND \$ 5.00 for each additional outlet.	1st	\$15.00	
	x	\$ 5.00=	
Permit Base Fee			\$ 50.00
TOTAL PERMIT FEE REMITTANCE			\$

Failure to send permit application and required fee prior to work being commenced will, at the discretion of the Bureau, result in the assessment of a double fee.

Make a check or money order payable to the **HVAC Bureau** and mail to the Division of Building Safety, HVAC Bureau, at 1090 East Watertower Street, Meridian, Idaho 83642. For questions, call (208) 334-6180.

FOR THE RESIDENTIAL PROPERTY OWNER: I agree to permit inspections of these heating, ventilation, and air conditioning installations by an inspector from the Division of Building Safety. I agree to conduct any required tests of the installation as required by the International Mechanical or International Fuel Gas Codes and hereby certify that these installations herein designated are made by me, the residential property owner, and that I will assume responsibility for compliance with Title 54, Chapter 50, Idaho Code.

Signature of Property Owner: _____ **Date:** _____

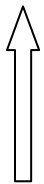
ALL SECTIONS OF THE APPLICATION ON PAGE ONE OF THIS FORM MUST BE COMPLETED, INCLUDING THE HOMEOWNER SIGNATURE, AND THE INSPECTION FEES ENCLOSED OR THE APPLICATION WILL BE RETURNED AND NO PERMIT WILL BE ISSUED. IF YOU NEED ASSISTANCE CALL THE BUREAU TOLL FREE LINE (800) 955-3044. LEAVE A MESSAGE AND YOUR CALL WILL BE RETURNED.

MAIL OR DELIVER THE APPLICATION AND FEES TO: IDAHO DIVISION OF BUILDING SAFETY
HOMEOWNER PERMITS
1090 EAST WATERTOWER ST
MERIDIAN, ID 83642
(208) 332-8998
WWW.DBS.IDAHO.GOV

AFTER YOU RECEIVE YOUR HVAC PERMIT:

- **A COPY OF THE PERMIT IS REQUIRED TO BE POSTED AT THE HOME LOCATION PRIOR TO THE WORK BEING STARTED FOR INSPECTION PURPOSES.**
- **AN INSPECTION IS REQUIRED AT THE END OF THE PROJECT. PLEASE REFER TO THE PERMIT NUMBER WHEN SCHEDULING INSPECTIONS AND DURING ALL CORRESPONDENCE. IT IS YOUR RESPONSIBILITY, AS THE HOMEOWNER TO SCHEDULE AN APPOINTMENT FOR AN INSPECTION AT THE TIME THAT YOUR ROUGH-IN IS COMPLETED. WHEN THE PROJECT IS COMPLETED, A FINAL INSPECTION IS REQUIRED. OUR INSPECTION PHONE NUMBER IS (208) 332-8966.**
- **THE HVAC INSPECTOR IS AUTHORIZED TO INSPECT, REINSPECT OR TEST ANY HVAC INSTALLATION COMING UNDER THE PROVISIONS OF THIS ACT (54-5001) IDAHO CODE. IF, AT ANY TIME, THE HVAC INSPECTOR FINDS THAT THE WORK WHICH HAS BEEN COMPLETED DOES NOT MEET APPLICABLE SAFETY CODES, YOU WILL BE NOTIFIED, IN WRITING, OF THE CORRECTIONS TO BE MADE AND THE SPECIFIED TIME FOR COMPLETION. ONCE THE CORRECTIONS HAVE BEEN COMPLETED, PLEASE SIGN AND RETURN THE CORRECTION NOTICE TO THE MERIDIAN OFFICE WITHING THE TIME SPECIFIED.**
- **AT THE TIME OF INSPECTION, THE HVAC INSPECTOR WILL VERIFY THE FEES THAT YOU HAVE PAID. IF THE FEES ARE INCORRECT, YOU WILL RECEIVE WRITTEN NOTIFICATION OF ADDITIONAL FEES DUE OR REFUNDS.**

IF ADDRESS OF LOCATION IS UNKNOWN, PLEASE DRAW A DETAILED MAP BELOW:



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